



State of Rhode Island
Department of Administration / Division of Purchases
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Solicitation Information
July 25, 2016

ADDENDUM # 1

RFP # 7550785

TITLE: Architectural and Engineering (A&E) Design Services: Master Plan for Reorganizing and Improving the Eleanor Slater Hospital Building Facilities

Submission Deadline: Monday August 29, 2016 at 11:00 am (Local Time)

Note to vendors:

-Attached is a Confidentiality Agreement which must be signed in person at the mandatory pre bid conference scheduled for July 28, 2016 beginning at 9 AM. Please do not sign before arriving. This must be witnessed by a state employee.

**Tom Bovis
Interdepartmental Project Manager**

Interested parties should monitor this website, on a regular basis, for any additional information that may be posted

Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals
Confidentiality Agreement for Consultants, Contractors or Vendors

I understand that in order to perform my duties at the Department of Behavioral Healthcare, Developmental Disabilities and Hospital (BHDDH), I may be exposed to information that requires confidentiality. This information may include, but is not limited to, information on patients, clients, participants, employees, students, other workforce members, donors, research, and financial and business operations.

Some of this information is made confidential by law (such as "Protected Health Information" or "PHI", under the Federal Health Insurance Portability and Accountability Act, known as "HIPAA") and BHDDH policies. Confidential information may be in any form, e.g., written, electronic, oral, overheard or observed. I also understand that access to all confidential information is granted on a need-to-know basis. A need-to-know basis is defined as information access that is required to perform my work for BHDDH.

I will not disclose any confidential information to patients, clients, participants, friends, relatives, co-workers or anyone else except as permitted by BHDDH and applicable law and as required to perform my work duties.

I will protect the confidentiality of all confidential information, including PHI, while at BHDDH and after I leave BHDDH. All confidential information remains the property of BHDDH and may not be removed or kept when I leave the premises, except as permitted by BHDDH policies or specific agreements applicable to my work at BHDDH.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of BHDDH. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it.

Name: _____

Signature: _____

Company: _____

Date: _____